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Statement submitted by International Council of AIDS Service Organizations, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

In 1995, the Beijing Platform for Action became the most progressive blueprint for advancing women's rights around the globe. Over the nearly two decades since its adoption, many countries have made great strides in advancing women's rights and ushering in a new era of women's empowerment. However, when reviewing progress made on improving women's health in general and maternal health in particular, the data paints a grim picture.

According to the World Health Organization, HIV infection and complications from pregnancy and childbirth are the two leading causes of death worldwide for women of reproductive age (15-44 years). Despite countless commitments to reduce gender inequalities, protect women's health and rights, ensure their meaningful involvement in decision-making related to HIV policy and programs, repeal laws and combat practices that stigmatize, discriminate or otherwise harm women and girls, women continue to bear the brunt of the HIV epidemic globally.

In 2011, the United Nations introduced the Global Plan to eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths. While this concerted action has spurred laudable progress, according to a recent report by the Joint United Nations Program on HIV/AIDS entitled "Every Child Born HIV Free", only 67 per cent of all pregnant women living with HIV in low- and middle-income countries received medicine to preserve their health and prevent vertical transmission of HIV to their babies.

The International Council of AIDS Service Organizations, a non-governmental organization with roster consultative status, would like to emphasize the urgency of this crisis. It is unconscionable that young women, in the prime of their lives, are dying of preventable causes while the global community silently stands by. Through scientific progress, new tools and innovative approaches, we have it within our reach to end AIDS. However, this ambition will not be realized unless greater attention is paid to the systemic barriers that prevent women from accessing HIV prevention services and commodities, and for those living with HIV from accessing reproductive and maternal health services and adhering to drug regimens.

Stigma and discrimination are often cited as important barriers to access and effective utilization of HIV prevention, care and treatment services such as HIV testing, sero-status disclosure, retention in care and uptake of and adherence to antiretroviral therapy. Compounding the issue, the impact of HIV-related stigma on pregnant women living with HIV may be misidentified, misinterpreted or plainly, dismissed. When a pregnant woman living with HIV does not initiate services or is lost to treatment, this directly impacts the health of the woman and her unborn child. All of these issues are further exacerbated for women aged 15-24, who are approximately twice as likely as their male peers to be living with HIV, and adolescent females of lower socio-economic status are at even a higher risk of contracting HIV. Service providers and government officials responsible for the provision of services are often unable to articulate the reasons for low service uptake and any loss to treatment numbers and are therefore inept at implementing remedial actions.

The International Council of AIDS Service Organizations has documented how women's experience or perception of stigma and discrimination can impact health-seeking behaviours in the report "Stories of Stigma, Stories of Hope". Women living

with HIV contend with the fear of being stigmatized by their family, the community or in health-care settings, resulting in women not looking after their own health. This can manifest as avoiding clinics or not taking prescribed medication.

The women interviewed for the study recounted powerful stories of violence, abandonment and rejection from their intimate partners. Additionally, they described instances of differential treatment, breaches of confidentiality and in the most extreme cases, treatment that can only be characterized as cruel and inhumane from health care workers.

In a continued effort to address these disparities and ensure that we end AIDS within our lifetime without leaving anybody behind, the International Council of AIDS Service Organizations puts forth the following recommendations to address these challenges:

- National governments and the international community must ensure that laws and policies prohibiting discrimination on the basis of HIV status are enacted and implemented and mechanisms for reporting and remedying HIV-related discrimination that protect individuals from potential retaliation are established and used.
- National governments and the international community must ensure that national policies, plans and programs for the prevention of mother-to-child transmission are consistent with human rights principles and ethical requirements, including ensuring a supportive social, policy and legal framework for pregnant and breastfeeding women.
- National governments and the international community must ensure that sexual and reproductive health services and related maternal and child health services are integrated in prevention of mother-to-child transmission programs in order to provide comprehensive care for women living with HIV.

As a global community, we need to collectively ensure that all women, regardless of their HIV-status and the social, political and economic context of their lives, deserve the right to enjoy the highest attainable standard of physical and mental health and that their biology is not a barrier to the fulfilment of their human rights or their survival.